



Replacement Dwelling Inspection Report

Project Title:	Parcel No.:
Displaced Person(s):	Displacee No.:
Address of Replacement Dwelling:	

Replacement Housing Inspection

Dwelling Type <input type="checkbox"/> Single Family <input type="checkbox"/> Apt. <input type="checkbox"/> RV <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other			Number of Occupants					
			Adult Male	Adult Female	Child Male	Child Female		
Total Sq Ft.	No. Rooms	No. Bedrooms	Type of Water Supply* <input type="checkbox"/> Private Well <input type="checkbox"/> City <input type="checkbox"/> Community Well			Purch Price or Mo. Rent \$		
			Yes	No			Yes	No
1. Structurally Sound			<input type="checkbox"/>	<input type="checkbox"/>	d. Proper connection to potable hot & cold water		<input type="checkbox"/>	<input type="checkbox"/>
2. Safe and Adequate Electrical System			<input type="checkbox"/>	<input type="checkbox"/>	e. Range (stove) space with utility connections		<input type="checkbox"/>	<input type="checkbox"/>
3. Weather Tight			<input type="checkbox"/>	<input type="checkbox"/>	f. Refrigerator space with utility connections		<input type="checkbox"/>	<input type="checkbox"/>
4. Adequate Heating			<input type="checkbox"/>	<input type="checkbox"/>	11. Bathroom(s)			
5. Safe Ingress and Egress			<input type="checkbox"/>	<input type="checkbox"/>	a. Separate room properly lighted and ventilated		<input type="checkbox"/>	<input type="checkbox"/>
6. In Good Repair			<input type="checkbox"/>	<input type="checkbox"/>	b. Fully functional sink (basin)		<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate Number of Rooms			<input type="checkbox"/>	<input type="checkbox"/>	c. Privacy for users		<input type="checkbox"/>	<input type="checkbox"/>
8. No Barriers to Handicapped (if applicable)			<input type="checkbox"/>	<input type="checkbox"/>	d. Fully functional flush toilet		<input type="checkbox"/>	<input type="checkbox"/>
9. If 3 or more stories, does each story have 2 exits from a common corridor			<input type="checkbox"/>	<input type="checkbox"/>	e. Fully functional bathtub or shower stall		<input type="checkbox"/>	<input type="checkbox"/>
10. Kitchen					f. Plumbing in good working order for water supply and sewage system		<input type="checkbox"/>	<input type="checkbox"/>
a. Separate room or area for kitchen use			<input type="checkbox"/>	<input type="checkbox"/>	12. Dwelling meets applicable housing and occupancy codes (in project file)		<input type="checkbox"/>	<input type="checkbox"/>
b. Sink in good working order			<input type="checkbox"/>	<input type="checkbox"/>				
c. Proper connection to sewage system			<input type="checkbox"/>	<input type="checkbox"/>				

***Note:** If community well, indicate when last water test was done under "Remarks" or if private well, attach a copy of the Health Department water test results to report.

I, the undersigned, have inspected the replacement dwelling unit at the address shown in the heading of this form. The inspection was made to determine if the dwelling will qualify this displacee to receive a replacement housing payment by the agency. **A photograph of the replacement dwelling is attached hereto.**

TO THE BEST OF MY KNOWLEDGE AND BELIEF, this dwelling ☐ MEETS ☐ DOES NOT MEET the agency's standards for qualified replacement housing.

Remarks:

Relocation Specialist

Date

Displaced Person's Disclaimer Statement

I understand the requirements for replacement housing and certify to the best of my knowledge that the above property meets said requirements.

I further understand that the statements, finding, decisions and conclusions appearing in the foregoing are made solely for the purposes of determining my eligibility for payments for replacement housing and are not intended to be, nor do they constitute, warrants or guarantees by the State of Washington, or the Washington State Department of Transportation that said replacement dwelling is free from defects.

Displaced Person

Date